

Community Information			
County/City/Town		Population	
Primary Point of Contact		Secondary Point of Contact	
Name		Name	
Office		Office	
Title		Title	
Mailing Address		Mailing Address	
City		City	
State; ZIP		State; ZIP	
Phone		Phone	
e-mail		e-mail	
Guideline 1: Communications			
Location of 24-Hour Warning Point		Location of Emergency Operations Center	
<u>Verification Team General Notes:</u>			
<u>Renewal Comments:</u>			
		<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>			

* - Reference Criteria on page 9.

Guideline 2: NWS Information Reception Equipment					
Warning Point # Required _____ # Verif _____	Verif	EOC # Required _____ # Verif _____	Verif		
<input type="checkbox"/> NOAA Weather Radio (required if in range)	<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Radio (required if in range)	<input type="checkbox"/>		
<input type="checkbox"/> NOAA Weather Wire (subscription)	<input type="checkbox"/>	<input type="checkbox"/> NOAA Weather Wire (subscription)	<input type="checkbox"/>		
<input type="checkbox"/> EMWIN	<input type="checkbox"/>	<input type="checkbox"/> EMWIN	<input type="checkbox"/>		
<input type="checkbox"/> Law Enforcement Teletype (LETS)	<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Teletype (LETS)	<input type="checkbox"/>		
<input type="checkbox"/> Amateur Radio	<input type="checkbox"/>	<input type="checkbox"/> Amateur Radio	<input type="checkbox"/>		
<input type="checkbox"/> Pagers* (warning reception)	<input type="checkbox"/>	<input type="checkbox"/> Pagers* (warning reception)	<input type="checkbox"/>		
<input type="checkbox"/> Television (Local network or Cable TV)	<input type="checkbox"/>	<input type="checkbox"/> Television (Local network or Cable TV)	<input type="checkbox"/>		
<input type="checkbox"/> Radio Station (AM/FM) - EAS Reception	<input type="checkbox"/>	<input type="checkbox"/> Radio Station (AM/FM) - EAS Reception	<input type="checkbox"/>		
<input type="checkbox"/> NAWAS	<input type="checkbox"/>	<input type="checkbox"/> NAWAS	<input type="checkbox"/>		
<input type="checkbox"/> Internet (subscription for alerts)_____	<input type="checkbox"/>	<input type="checkbox"/> Internet (subscription for alerts)_____	<input type="checkbox"/>		
<input type="checkbox"/> Commercial Data Service_____	<input type="checkbox"/>	<input type="checkbox"/> Commercial Data Service_____	<input type="checkbox"/>		
<input type="checkbox"/> Other*_____	<input type="checkbox"/>	<input type="checkbox"/> Other*_____	<input type="checkbox"/>		
<input type="checkbox"/> Other*_____	<input type="checkbox"/>	<input type="checkbox"/> Other*_____	<input type="checkbox"/>		
<i>List any additional capabilities on a separate sheet</i>					
*Capabilities needing explanation: 					
<u>Verification Team Notes:</u> 					
<u>Renewal Comments:</u> 					
			<u>Date:</u>		
			<u>Initials:</u>		
<i>Note: Please do not write in shaded areas.</i>					

Guideline 3: Local Weather & Water Monitoring Equipment			
Warning Point # Required _____ # Verif _____	Verif	EOC # Required _____ # Verif _____	Verif
<input type="checkbox"/> Anemometer (Wind gauge)	<input type="checkbox"/>	<input type="checkbox"/> Anemometer (Wind gauge)	<input type="checkbox"/>
<input type="checkbox"/> Rain Gauge	<input type="checkbox"/>	<input type="checkbox"/> Rain Gauge	<input type="checkbox"/>
<input type="checkbox"/> River Gauge	<input type="checkbox"/>	<input type="checkbox"/> River Gauge	<input type="checkbox"/>
<input type="checkbox"/> Locally owned Radar	<input type="checkbox"/>	<input type="checkbox"/> Locally owned Radar	<input type="checkbox"/>
<input type="checkbox"/> Internet Radar Source _____	<input type="checkbox"/>	<input type="checkbox"/> Internet Radar Source _____	<input type="checkbox"/>
<input type="checkbox"/> Internet Weather Station _____	<input type="checkbox"/>	<input type="checkbox"/> Internet Weather Station _____	<input type="checkbox"/>
<input type="checkbox"/> TV Radar Source _____	<input type="checkbox"/>	<input type="checkbox"/> TV Radar Source _____	<input type="checkbox"/>
<input type="checkbox"/> Other* _____	<input type="checkbox"/>	<input type="checkbox"/> Other* _____	<input type="checkbox"/>
<input type="checkbox"/> Other* _____	<input type="checkbox"/>	<input type="checkbox"/> Other* _____	<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>			
*Capabilities needing explanation:			
<u>Verification Team Notes:</u>			
<u>Renewal Comments:</u>			
		<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>			

Guideline 4: Local Warning Dissemination			
Warning Point	# Required _____	# Verif _____	Verifi
EOC	# Required _____	# Verif _____	Verifi
<input type="checkbox"/> Outdoor Warning Siren(s)			<input type="checkbox"/>
<input type="checkbox"/> Cable TV Override			<input type="checkbox"/>
<input type="checkbox"/> Plan for Sirens on Emergency Vehicles			<input type="checkbox"/>
<input type="checkbox"/> Telephone Tree to Critical Facilities			<input type="checkbox"/>
<input type="checkbox"/> Local Alert Broadcast System*			<input type="checkbox"/>
<input type="checkbox"/> Local Pager System* (dissemination)			<input type="checkbox"/>
<input type="checkbox"/> Coordinated Area-Wide Radio Network*			<input type="checkbox"/>
<input type="checkbox"/> Local Flood Warning System*			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<input type="checkbox"/> Other* _____			<input type="checkbox"/>
<i>List any additional capabilities on a separate sheet</i>			
*Capabilities needing explanation:			
Verification Team Notes:			
Renewal Comments:			
			Date:
			Initials:
<i>Note: Please do not write in shaded areas.</i>			

Local Government-Owned Buildings in Which Public Traffic is Common				
Office	Location or Address	Tone Alert NOAA Weather Radio	Verif	Comments
Warning Point		<input type="checkbox"/>	<input type="checkbox"/>	
EOC		<input type="checkbox"/>	<input type="checkbox"/>	
City Hall		<input type="checkbox"/>	<input type="checkbox"/>	
School Superintendent		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
<u>Verification Team Notes:</u>				
<u>Renewal Comments:</u>				
			<u>Date:</u>	<u>Initials:</u>
<i>Note: Please do not write in shaded areas.</i>				

Guideline 5: Community Preparedness

Annual Safety Talks			
		# Required _____	# Verif _____
Date	Topic	Location	Speaker
1			
2			
3			
4			
5			

List any additional safety talks on a separate sheet

Weather Radio Purchase Program

Has your community/county developed a program to subsidize the purchase of Specific Area Message Encoder (SAME) equipped Weather Radios for its citizens? (Not required) Yes _____ No _____

If yes, provide details:

Other Community Preparedness Activities

Date	Activity	Location	Organizer
1			
2			
3			
4			
5			

List any additional activities on a separate sheet

Renewal Comments:

Date:

Initials:

Note: Please do not write in shaded areas.

Guideline 6: Administrative Tools/Record keeping		Verif	Renewal Year
Formal Hazardous Weather Operations Plan	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Procedure for reporting storm damage to the local National Weather Service Office in real-time	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ EOC Activation Procedures	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Spotter Activation Criteria	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
▶ Local Warning System(s) Activation Criteria	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Warning Point personnel has authority to activate Warning System (written)	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Spotter Roster and Training Record	<input type="checkbox"/> Yes	<input type="checkbox"/>	<input type="checkbox"/> Yes
Last Visit by Emergency Manager to NWS Office		<input type="checkbox"/> Biennial	
Last Visit by NWS Officials to Community		<input type="checkbox"/> Annual	
Last NWS Spotter Training for Spotters and Dispatchers		<input type="checkbox"/> Biennial	
Last NWS Spotter Training Hosted/Co-Hosted (<i>For populations >40,000</i>)		<input type="checkbox"/> Annual	
Exercises	Topic(s):	Date:	<input type="checkbox"/> Date:
<i>List any additional descriptions, narratives, or documentation on a separate sheet</i>			
Verification Team Notes:			
Renewal Comments:			
			Date: Initials:
Signature of Applying Official			
Application Submitted by: (print name):			
Office:		Title:	
Signature:		Date:	
NWS Personnel Receiving Application (print name):			
Date Received:			
<i>Note: Please do not write in shaded areas.</i>			

Site Verification Team Signatures

<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>Print Name:</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>

Signature in Renewal Year

<u>Application Submitted by: (print name):</u>	
<u>Office:</u>	<u>Title:</u>
<u>Signature:</u>	<u>Date:</u>
<u>NWS Personnel Receiving Application (print name):</u>	
<u>Date Received:</u>	

StormReady Population-Based Criteria

Since the tax base typically dictates the resources applied to public programs, the criteria for successful participation in the StormReady Program are based on population. Although subject to later refinement, four population categories will be used for developing appropriate accreditation criteria related to weather disaster preparedness. The population-based categories are:

Criteria	Population			
	< 2,500	2,500 - 14,999	15,000 - 40,000	> 40,000
Criterion 1: Communications				
24 hr Warning Point (WP)	(X)	X	X	X
Emergency Operations Center		X	X	X
Ability & practice of relaying real-time storm reports to NWS	X	X	X	X
Criterion 2: NWS Information Reception	3	4	4	4
Criterion 3: Hydrometeorological Monitoring	1	2	3	4
Criterion 4: Local Warning Dissemination	1	2	3	4
* NWR - SAME receivers in local public facilities	X	X	X	X
Criterion 5: Community Preparedness				
Number of annual weather safety talks	1	2	3	4
Spotters and dispatchers trained biannually	X	X	X	X
Host / co-host annual NWS spotter training				X
Criterion 6: Administrative				
Formal hazardous weather operations plan	X	X	X	X
Biannual visits by emergency manager to NWS office	X	X	X	X
Annual visits by NWS official to community	X	X	X	X

Key: X - required

(X) - Must have a local WP or be part of a county network

* - where NWR reception is possible. A "grandfather clause" exists for communities where a public alert system, similar to NWR, is in place and established before the advent of the SAME technology. The in-place alert system must, at a minimum, alert citizens of all NWS convective warnings.